## State of New Hampshire LIQUOR COMMISSION

The same

License No.

## MONTHLY REPORT OF SALES OF BEVERAGES TO WHOLESALERS WITHIN THE STATE OF NEW HAMPSHIRE BEVERAGE VENDORS, MANUFACTURERS AND BREWPUBS

		Licensee Name										
				Add	Address		 			For th	For the Month of	
Date	Invoice No	Name and Address of June 1	1			BARRELS				CASES		[]
•		Name and Address of Purchaser	Brand	Name of Carrier	GAL. G	GAL. GAL.	GAL.	0z.	Oz.	0z.	0z.	
								Ct.	Ct.	Ct.		- 1
								_				
								.				
		,										
										e		
					•							
								_				
				TOTALS								
INSTRUCTIONS:	'n					-						11-

## INSTRUCTIONS:

- This report with complete details listed must be filed each month to arrive at the Commission office on or before the tenth of the following month.
  The completed Form No. 334 Monthly Record of Returns of Beverages by New Hampshire Wholesalers to Vendors must accompany this Form No. 258 each month.
  This report must be signed and certified. See reverse side. This report must be signed and certified. See reverse side.